

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 130 447

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 145 Mex. Canon St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Adalina Diaz (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Oct. 4, 1928 Month Oct Day 4 Year 1928

8. FATHER Full name Metajildo Diaz

9. Residence (Usual place of abode) Miami If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Jalisco (State or country) Mex.

13. Occupation Laborer Nature of industry mining

14. MOTHER Full maiden name Ortencia Sanchez

15. Residence (Usual place of abode) Miami If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Sonora (State or country) Mex.

19. Occupation Housewife Nature of industry

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 5 (b) Born alive but now dead 4 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * 05

I hereby certify that I attended the birth of this child, who was born alive at 5:05 a.m. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D. Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year

Filed

Registrar.

Registrar.

149-1004-629